

Filing at a Glance

Companies: Granite State Insurance Company, New Hampshire Insurance Company

Product Name: Property One

SERFF Tr Num: AGNY-125240187 State: Arkansas

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: AR-PC-07-025661

Sub-TOI: 01.0001 Commerical Property (Fire and Allied Lines)

Co Tr Num: AIC-07-CP-06

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Authors: Floreen Cox, Janine
Graham

Disposition Date: 08-03-2007

Date Submitted: 08-01-2007

Disposition Status: Approved

Effective Date Requested (New): 09-01-2007

Effective Date (New): 09-01-2007

Effective Date Requested (Renewal): 09-01-2007

Effective Date (Renewal): 09-01-
2007

General Information

Project Name: Integrated Property Insurance Solutions Program

Project Number: AIC-07-CP-06

Status of Filing in Domicile: Pending

Domicile Status Comments: This filing is being
submitted simultaneously in all states.

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 08-03-2007

State Status Changed: 08-02-2007

Deemer Date:

Corresponding Filing Tracking Number: N/A

Filing Description:

The Companies submit for your review and approval, nine (9) endorsements to be used with their Property Coverage Form - Form No. 64543 (12/04).

Company and Contact

Filing Contact Information

Janine Graham, Filings Analyst

Janine.Graham@AIG.com

175 Water Street

(212) 458-7463 [Phone]

New York, NY 10038

(212) 458-7077[FAX]

Filing Company Information

Granite State Insurance Company

CoCode: 23809

State of Domicile: Pennsylvania

70 Pine Street

Group Code:

Company Type:

New York, NY 10270

Group Name:

State ID Number:

(212) 770-7000 ext. [Phone]

FEIN Number: 02-0140690

New Hampshire Insurance Company
70 Pine Street
New York, NY 10270
(212) 770-7000 ext. [Phone]

CoCode: 23841
Group Code:
Group Name:
FEIN Number: 02-0172170

State of Domicile: Pennsylvania
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 X 1 form filing = \$50.00
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00100853	\$50.00	07-25-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08-03-2007	08-03-2007

Disposition

Disposition Date: 08-03-2007

Effective Date (New): 09-01-2007

Effective Date (Renewal): 09-01-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Windstorm or Hail Exclusion	Approved	Yes
Form	Condominium Association Changes	Approved	Yes
Form	Radio and Television Tower and Equipment Coverage Enhancement Endorsement	Approved	Yes
Form	Peak Season Limit of Insurance	Approved	Yes
Form	Functional Replacement Cost Endorsement	Approved	Yes
Form	Education Enhancement Endorsement	Approved	Yes
Form	Fine Arts Amendatory Endorsement	Approved	Yes
Form	Vacancy Permit	Approved	Yes
Form	Common Policy Conditions	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Windstorm or Hail Exclusion	90611	5/07	Endorsement/Amendment/Conditions		0.00	90611 WIND HAIL EXCLUSION 5-07.pdf
Approved	Condominium Association Changes	90678	6/07	Endorsement/Amendment/Conditions		0.00	90678 CONDO Assoc Changes 6-07.pdf
Approved	Radio and Television Tower and Equipment Coverage Enhancement Endorsement	91089	4/07	Endorsement/Amendment/Conditions		0.00	91089 Radio TV Enhancement Endt 4-07.pdf
Approved	Peak Season Limit of Insurance	94347	4/07	Endorsement/Amendment/Conditions		0.00	94347 Peak Season 4-07.pdf
Approved	Functional Replacement Cost Endorsement	94349	4/07	Endorsement/Amendment/Conditions		0.00	94349 Functional RC 4-07.pdf
Approved	Education Enhancement Endorsement	94452	5/07	Endorsement/Amendment/Conditions		0.00	94452 Education Enhancement 5-07.pdf
Approved	Fine Arts Amendatory Endorsement	94453	5/07	Endorsement/Amendment/Conditions		0.00	94453 Fine Arts Amend 5-07.pdf
Approved	Vacancy Permit	94454	5/07	Endorsement/Amendment/Conditions		0.00	94454 Vacancy Permit 5-07.pdf
Approved	Common Policy Conditions	94923	6/07	Endorsement/Amendment/Conditions		0.00	94923 Common Policy Conditions for Property One 6-07.pdf

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

INTEGRATED PROPERTY INSURANCE SOLUTIONS

WINDSTORM OR HAIL EXCLUSION

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE FORM

The following is added to Section **VI. EXCLUSIONS** and is therefore **not** a **covered cause of loss**:

WINDSTORM OR HAIL

Windstorm or Hail including loss or damage caused by rain, snow, sand or dust, whether driven by wind or not, if that loss or damage would not have occurred but for the Windstorm or Hail.

But if Windstorm or Hail results in a cause of loss other than rain, snow, sand, or dust, and that resulting cause of loss is a **covered cause of loss**, we will pay for the loss or damage caused by such **covered cause of loss**. For example, if the Windstorm or Hail damages a heating system and fire results, the loss or damage attributable to the fire is covered subject to any other applicable policy provisions.

Section **XI. DEFINITIONS**, paragraph **EE.** is deleted in its entirety and replaced by the following:

EE. Specified Causes of Loss means fire; lightning; explosion; smoke; aircraft or vehicles; riot or civil commotion; vandalism; falling objects; weight of snow, ice, or sleet.

Falling objects shall not include loss or damage to:

1. Outdoor property in the open; or
2. The interior of a building or structure, or property inside a building or structure, unless the roof or an outside wall of the building or structure is first damaged by a falling object.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

This endorsement, effective _____ at 12:01 A.M. _____ forms a part of

Policy No. _____ Issued to:

By:

INTEGRATED PROPERTY INSURANCE SOLUTIONS CONDOMINIUM ASSOCIATION CHANGES

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE FORM

Section **II. COVERED PROPERTY**, Paragraph **A. Building**, subparagraph **2.a.** is deleted and replaced with the following:

2. a. Fixtures, outside of individual units, including outdoor fixtures;

Section **II. COVERED PROPERTY**, Paragraph **A. Building**, subparagraph **4.d.** is deleted and replaced with the following:

4. d. Appliances used for refrigeration, ventilation, cooking, dishwashing, or laundering that are not contained within individual units;

Section **II. COVERED PROPERTY**, Paragraph **A. Building** is amended to include the following:

7. Any of the following types of property contained within a unit, regardless of ownership, if **your** Condominium Association Agreement requires **you** to insure it:
 - (a) Fixtures, improvements and alterations that are a part of the building or structure; and
 - (b) Appliances, such as those used for refrigerating, ventilating, cooking, dishwashing, laundering, security, or housekeeping.

Section **II. COVERED PROPERTY**, Paragraph **C. Business Personal Property** is deleted and replaced with the following:

Your business personal property located in or on the building described in the Declarations or in the open or in a vehicle within 1000 feet of the premises described in the Declarations, consisting of the following unless otherwise specified in the Declarations:

1. Personal property owned by **you** or owned indivisibly by all unit-owners;
2. **Your** interest in the labor, materials, or services furnished or arranged by **you** on personal property of others;
3. Leased personal property which **you** have a contractual responsibility to insure;
4. Glass;

5. Personal property of others that is in **your** care, custody, or control. **Our** payment, however, for loss of or damage to personal property of others shall only be for the account of the owner of the property;

But **your** business personal property does not include personal property owned only by a unit-owner.

Section **IX. LOSS CONDITIONS**, Paragraph **B. Loss Payment** is amended to include the following:

8. If **you** name an insurance trustee, **we** will adjust losses with **you**, but **we** will pay the insurance trustee. If **we** pay the trustee, the payments will satisfy **your** claims against **us**.

Section **X. GENERAL CONDITIONS**, Paragraph **C. Transfers Of Rights Of Recovery Against Others To Us** is amended to include the following:

We waive our rights to recover payment from any unit-owner of the condominium shown in the Declarations.

Section **X. GENERAL CONDITIONS**, Paragraph **H. Other Insurance** is amended to include the following:

3. A unit-owner may have other insurance covering the same property as this insurance. This insurance is intended to be primary, and not to contribute with such other insurance.

Section **X. GENERAL CONDITIONS**, Paragraph **O. Unit-Owner Condition** is added as follows:

O. Unit-Owner Condition

No act or omission by any unit-owner will void the policy or be a condition to recovery under this policy. However, this does not apply to unit-owners acting within the scope of their authority on **your** behalf.

All other terms, conditions, and exclusions shall remain unchanged.

Authorized Representative

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

RADIO AND TELEVISION TOWERS AND EQUIPMENT COVERAGE ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE FORM

In consideration of the additional premium charged, this endorsement modifies coverage provided under the Property Coverage Form:

1. Section **II. Covered Property**, paragraph **C. Business Personal Property**, the following is added:

11. Broadcast Equipment and Broadcast Software;

2. Section **II. Covered Property**, the following are added:

P. Towers or satellite dishes.

Covered Property shall include **towers** and satellite dishes when shown with a description and a limit in the Declarations;

Q. Mobile Broadcast Equipment

Mobile radio or television receiving, recording, or transmitting equipment, located anywhere within the coverage territory, if not covered by other insurance;

R. Vehicles (limited coverage)

Vehicles, excluding aircraft or watercraft, onto which **mobile broadcast equipment** is permanently installed, when shown with a description and limit in the Declarations, if not covered by other insurance.

3. Section **III. Property Not Covered**, paragraph **M.** the following is added:

This shall not apply to:

4. Vehicles, excluding aircraft or watercraft, onto which **mobile broadcast equipment** is permanently installed, when shown with a description and limit in the Declarations, if not covered by other insurance.

4. Section **IV. Supplemental Coverages**, paragraph **A.**, the following is added:

9. **Tuning and Re-tuning**

We will pay up to \$25,000 for the cost of tuning or re-tuning of **towers** or antennas required solely as a result of loss or damage by a **covered cause of loss** to such **towers** or antennas.

5. Section **VI. Exclusions**, the following is added:

U. Tuning and Re-tuning of **towers** or antennas

6. Section **VI. Exclusions**, paragraph **H.** the following is added:

This exclusion does not apply to **mobile broadcast equipment**.

7. Section **IX. Loss Conditions**, paragraph **C. Valuation**, the following is added:

9. **Vehicles** at actual cash value on the date of loss.

8. Section **X. General Conditions**, the following is added:

O. Tower Modification Warranty

Coverage for **towers** is null and void if, without **our** written consent, **you** materially change or modify the design or construction characteristics of a covered **tower**.

9. Section **XI. Definitions**, the following are added:

KK. Broadcast Equipment means permanently installed radio or television receiving, recording, or transmitting equipment.

LL. Broadcast Software means:

- a. recording or storage media including films, tapes or discs; or
- b. audio or visual recordings stored on recording or storage media.

MM. Towers means radio or television towers including:

- a. antennas, microwave dishes or any other equipment that is permanently attached to the tower;

- b. lead-in wiring and masts;
- c. guy wires, including their anchors; or
- d. above or below ground foundations.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective _____ at 12:01 A.M. _____ forms a part of

Policy No. _____ Issued to:

By:

INTEGRATED PROPERTY INSURANCE SOLUTIONS

PEAK SEASON LIMIT OF INSURANCE

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE FORM

This policy is hereby amended as follows:

		SCHEDULE			
Prem. No.	Bldg. No.	Peak Season			
		Covered Property	Additional Limit of Insurance	Period	
				From	To

The Limit of Insurance for Business Personal Property is increased to include the amount shown in the Schedule or in the Declarations:

- A. At the described location(s); and
- B. Only from 12:01 A.M. Standard Time of the first day to 12:01 A.M. Standard Time of the last day of the applicable period(s) shown in the Schedule.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

INTEGRATED PROPERTY INSURANCE SOLUTIONS

FUNCTIONAL REPLACEMENT COST ENDORSEMENT

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE FORM

For property described in the Schedule below, Section **IX. LOSS CONDITIONS**, paragraph **C. Valuation** is amended by substituting "Functional Replacement Cost" in lieu of "Replacement Cost". Functional Replacement Cost means the cost to replace Covered Property with similar property intended to perform the same function when replacement with identical property is impossible or unnecessary.

Schedule *

Premises No.	Building No.	Description of Location
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- Information required to complete the Schedule, if not shown on this endorsement, will be shown in the Declarations, or by endorsement hereto.

All other terms, conditions, and exclusions of the policy shall remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

INTEGRATED PROPERTY INSURANCE SOLUTIONS

EDUCATION ENHANCEMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE FORM

The PROPERTY COVERAGE FORM is amended as follows:

I. Section **II. COVERED PROPERTY**, paragraph **A. Building**, is amended to include the following:

7. Signs (other than signs attached to buildings), provided such signs are reported to **us** and coverage is specifically shown in the Declarations.

II. Section **II. COVERED PROPERTY**, paragraph **E. Personal Effects of Employees**, is deleted in its entirety and replaced by the following:

Personal effects owned by **you**, **your** officers, **your** partners or members, **your** managers or **your** employees;

III. Section **IV. SUPPLEMENTAL COVERAGES**, Paragraph **A.** is amended to include the following:

Personal Property of Students

We shall pay for loss of or damage to personal property owned by **your** students while located in a building described in the Declarations. However, this **SUPPLEMENTAL COVERAGE** shall not include coverage for **computer equipment, media, data and programs**. **Our** payment for loss of or damage to personal property of students shall be only for the account of such students.

The most **we** will pay for loss, damage or expense under this coverage is \$1,000 per student subject to a maximum \$10,000 for all loss, damage or expense in any one policy year.

IV. Section **IV. SUPPLEMENTAL COVERAGES**, Paragraph **B.** is amended to include the following:

Master Key or Key Card

We shall pay for the consequential loss **you** incur to replace keys or key cards and adjust locks to accept new keys or key cards or, if required, to replace locks, including the cost of installation, necessitated by the loss of or damage to master or grand master keys or key cards.

The most **we** will pay for this Supplemental Coverage for all loss, damage or expense in any one policy year is \$10,000, unless otherwise provided by endorsement to this policy.

All other terms and conditions of this Policy remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective _____ at 12:01 A.M. _____ forms a part of

Policy No. _____ Issued to: _____

By: _____

INTEGRATED PROPERTY INSURANCE SOLUTIONS

FINE ARTS AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS
PROPERTY COVERAGE FORM

The COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS is amended as follows:

The **LIMITS OF INSURANCE** for **COVERED PROPERTY, Fine Arts** is amended to read as follows:

LIMITS OF INSURANCE:

1. Each item of **Fine Arts** with a value in excess of \$5,000 shall have a limit indicated for each such item in the Declarations;
2. Any item of **Fine Arts** for which a limit is not indicated in the Declarations shall be limited to a maximum value of \$5,000, subject to the **Valuation** conditions herein. The maximum limit for all such unscheduled **Fine Arts** is \$50,000 for any one **Occurrence**.

The PROPERTY COVERAGE FORM is amended as follows:

I. Section **VI. EXCLUSIONS**, is amended to include the following solely in regard to Covered Property being **Fine Arts**:

1. Breakage, marring or scratching of **Fine Arts**, unless such loss or damage is the result of a **specified cause of loss**;
2. Processing of or work upon covered **Fine Arts**, including repairs or restoration.

II. Section **IX. LOSS CONDITIONS**, paragraph C. **Valuation**, subparagraph 5. **Fine Arts** is deleted in its entirety and replaced by the following:

Fine Arts are valued at the appraised value at the time of loss, or if there is no appraisal the greater of:

- a. The original acquisition cost, or
- b. The market value at the time of loss.

However, **our** liability shall not exceed the limit shown in the Declarations.

In the event an item of **Fine Arts** is part of a pair or set, or is a part of Covered Property consisting of several parts, subparagraph **H. Pair, Sets or Parts** of this Section **IX. LOSS CONDITIONS** shall also apply in the determination of valuation for loss or damage to **Fine Arts**, further subject to the provisions outlined above.

All other terms and conditions of this Policy remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective at 12:01 A.M. forms a part of

Policy No. Issued to:

By:

INTEGRATED PROPERTY INSURANCE SOLUTIONS

VACANCY PERMIT

This endorsement modifies insurance provided under the following:

PROPERTY COVERAGE FORM

This policy is hereby amended as follows:

SCHEDULE			
<u>Prem. No.</u>	<u>Bldg. No.</u>	<u>Excepted Causes of Loss</u>	<u>Permit Period</u>
		Vandalism	Sprinkler Leakage

A. Section **IX. LOSS CONDITIONS**, paragraph **J. Vacancy** does not apply to direct physical loss or damage:

1. At the locations; and
 2. During the Permit Period;
- shown in the Schedule or in the Declarations.

B. This Vacancy Permit does not apply to the Excepted Causes of Loss indicated in the Declarations or by an "X" in the Schedule.

All other terms, conditions, and exclusions of this Policy remain unchanged.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT

This endorsement, effective _____ forms a part of
policy no.: _____ issued to
by: _____

COMMON POLICY CONDITIONS

This endorsement modifies insurance provided by the policy:

A. Changes

This policy contains all the agreements between **you** and **us** concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with **our** consent. This policy's terms can be amended or waived only by endorsement issued by **us** and made a part of this policy.

B. Examination Of Your Books And Records

We may examine and audit **your** books and records as they relate to this policy at any time during the policy period and up to three years afterward.

C. Inspections And Surveys

1. **We** have the right to:

- a. Make inspections and surveys at any time;
- b. Give **you** reports on the conditions **we** find; and
- c. Recommend changes.

2. **We** are not obligated to make any inspections, surveys, reports or recommendations and any such actions **we** do undertake relate only to insurability and the premiums to be charged. **We** do not make safety inspections. **We** do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And **we** do not warrant that conditions:

- a. Are safe or healthful; or
- b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to **us**, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations **we** may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

D. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums **we** pay.

E. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without **our** written consent except in the case of death of an individual named insured.

If **you** die, **your** rights and duties will be transferred to **your** legal representative but only while acting within the scope of duties as **your** legal representative. Until **your** legal representative is appointed, anyone having proper temporary custody of **your** property will have **your** rights and duties but only with respect to that property.

All other terms, conditions, and exclusions shall remain the same.

Authorized Representative

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08-03-2007
Comments:			
Attachment:			
08-01-07 AR - PCTD-1 Forms.pdf			

Property & Casualty Transmittal Document (Revised 1/1/06)**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name

American International Group, Inc.

Group NAIC #

012

4. Company Name(s)**Domicile****NAIC #****FEIN #**

Granite State Insurance Company

PA

23809

02-0140690

New Hampshire Insurance Company

PA


23841

02-0172170

5. Company Tracking Number

AIC-07-CP-06

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	Fax #	e-mail
	Janine Graham 175 Water Street, 17 th Floor New York, NY 10038	Filings Analyst	(212) 458-7463	(212) 458-7077	janine.graham@aig.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Janine Graham		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	01.0Property
10.	Sub-Type of Insurance (Sub-TOI)	01.0001 – Commercial Property (Fire and Allied Lines)
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Integrated Property Insurance Solutions Program
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14.	Effective Date(s) Requested	New: September 1, 2007 Renewal: September 1, 2007
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	August 1, 2007
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	AIC-07- CP-06
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The companies listed in Item No. 4 submit for your review and approval, nine (9) endorsements to be used with their Property Coverage Form – Form No. 64543 (12/04).

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 00100853

Amount: \$50.00

\$50.00 X 1 form filing = \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AIC-07-CP-06			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	AIC-07-CP-06			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Windstorm or Hail Exclusion	90611 (5/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Condominium Association Changes	90678 (6/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Radio and Television Towers and Equipment Coverage Enhancement Endorsement	91089 (4/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Peak Season Limit of Insurance	94347 (4/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Functional Replacement Cost Endorsement	94349 (4/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Education Enhancement Endorsement	94452 (5/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Fine Arts Amendatory Endorsement	94453 (5/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Vacancy Permit	94454 (5/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Common Policy Conditions	94923 (6/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1